Department of Labor and Industries Claims Section PO Box 44291 Olympia WA 98504-4291



OCCUPATIONAL DISEASE WORK HISTORY

					Cla	im Number
Name Start date of fin						ployment
Dlaga lig	t any braals ar in	tarmintian in value	rouls history	Wa must saa	ount for all mouth	es since now, EIDST STADT DATE
Please list any breaks or interruption in your work history.				We must account for all months since your FIRST START DATE.		
Month	From: To: Month Year Month Year			Reason for work interruption		
Employment History						
Please start with your most RECENT job and work BACKWARDS Specify month and year for employment date.						
		s needed, use the	continuation j	·	•	tional copies of this form.
Employer's business name				Employment Fro dates:	om (mo/yr)	To (mo/yr)
Employer's address				Employer's phone r	number	
City State ZIP+4				Indicate time exposed to noise, repetitive motion or chemicals in hours per week		
21.1				Hours:		
Describe the job duties and type of equipment or tools used or operated.						
Employer's business name				Employment Fro	om (mo/yr)	To (mo/yr)
				dates:		
Employer's address				Employer's phone number		
City State ZIP+4			ZIP+4	Indicate time exposed to noise, repetitive motion or chemicals in hours per week		
				Hours:		
Describe the job duties and type of equipment or tools used or operated.						
Employer's business name				Employment Fro	om (mo/yr)	To (mo/yr)
Employer's address				Employer's phone r	number	
City State ZIP+4				Indicate time exposed to noise, repetitive motion or chemicals in hours per week		
•				Hours:		
Describe the job duties and type of equipment or tools used or operated.						
			I	act the informati	ia tuma and	of to the best of 1. 1. 1.
			i certify th	iat the information	is true and correc	ct to the best of my knowledge.

Date:

Signature: